

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 13 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000107069

1. Corporation Name

KEY PLUMBING SERVICES, INC.

Principal Place of Business

Mailing Address

1050 FLORIDA AVE.
SARASOTA FL 34236

P.O. BOX 8216
LONGBOAT KEY FL 34228

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

65-0888819

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DREGER, DALE E	1050 FLORIDA AVE.	SARASOTA FL 34236
D	DREGER, DALE J	1050 FLORIDA AVE.	SARASOTA FL 34236
			900003515289--2 -12/28/00--01019--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DREGER, DALE E
1050 FLORIDA AVE.
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dale E Dreger
REGISTERED AGENT MUST SIGN

Date

12-8-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dale E Dreger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE E Dreger

Date

12-8-00

Daytime Phone #